5-year time horizon, PFS data assessed by independent review, drug doses adjusted by relative dose intensity reported in COMPARZ trial and a discount rate of 3% for costs and outcomes. Results were expressed as €2014. Deterministic (10-year time horizon, discount rates 0 and 5%, PFS assessed by investigator, and plenty-doses) and probabilistic sensitivity analyses were conducted to determine the robustness of the results. **RESULTS:** In the base case analysis, pazopanib showed as a dominant alternative, yielding more quality of life adjusted years (0.081) and less total costs (€6,671) vs. sunitinib. Base-case results were robust in the alternative scenarios examined via deterministic sensitivity analyses. In the probabilistic sensitivity analysis (PSA), a 67% of the simulations were plotted in the dominant quadrant of the cost-effectiveness plane. **CONCLUSIONS:** In the light of the present analysis, pazopanib should be considered as a dominant alternative vs. sunitinib in the first-line mRCC treatment from the Spanish National Healthcare perspective.

PCN108

ECONOMIC EVALUATION OF THE USE OF GEFITINIB FOR THE TREATMENT OF LOCALLY ADVANCED OR METASTATIC NSCLC

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Non-small-cell lung cancer (NSCLC) is the most common type of cancer representing 18.2% of all cancer deaths around the world and in Mexico the estimated mortality rate is 13.4 by 100,000 patients. **OBJECTIVES:** Evaluate gefitinib as first and second line treatment of locally advanced or metastatic NSCLC compared to available treatment alternatives in Mexico. **METHODS:** A two-way analysis was performed: (1) For the first-line treatment in patients with Epidermal Growth Factor Receptor Inhibition in Mutation-Positive Non–Small-Cell Lung Cancer (EGFR M+ NSCLC) a cost-minimization analysis was used comparing gefitinib versus erlotinib (Kim ST, 2012), also a Markov model was developed to perform a cost-effectiveness analysis evaluating gefitinib versus carboplatin+paclitaxel (Mok TS, 2009), with efficacy measure Progression-free survival (PFS); and (2) For patients in a second-line NSCLC treatment, regardless of EGFR mutation, a cost-minimization analysis was conducted comparing gefitinib versus docetaxel and pemetrexed (Hanna N, 2004) (Kim ES, 2008). The costs were obtained from institutional sources. An exchange rate of $13.12 MXN per USD was used. Sensitivity analyses were performed in order to test the robustness of the model. **RESULTS:** For first-line treatment, gefitinib was a cost-saving alternative respect to erlotinib, obtaining a cost differential of $9,710 USD in favor of gefitinib. To the same patients gefitinib compared to carboplatin plus paclitaxel generated an additional cost of $2,361 USD per patient, with additional PFS of 0.37 years and an ICER of $7,023. For second-line treatment gefitinib had a lower cost compared to pemetrexed and docetaxel, generating a saving per patient of $927 USD and $21,346 USD respectively. Robustness of results was confirmed by additional deterministic and probabilistic sensitivity analysis. **CONCLUSIONS:** The use of gefitinib for the treatment of locally advanced or metastatic NSCLC is a cost-saving alternative compared to erlotinib, pemetrexed and docetaxel, and also cost-effective compared to carboplatin plus paclitaxel.

PCN109

COST-EFFECTIVENESS OF OFATUMUMAB PLUS CHLORAMBUCIL IN FIRST LINE CHRONIC LYMPHOCYTIC LEUKEMIA IN CANADA

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OBJECTIVES: This study aimed to estimate the cost-effectiveness of Ofatumumab plus Chlorambucil (OChl) compared with Chlorambucil (Chl) for patients with Chronic Lymphocytic Leukemia for whom fludarabine-based therapies are considered inappropriate, from the perspective of the publicly funded health care system in Canada. **METHODS:** A semi-Markov based decision model was developed with a lifetime time horizon. The model comprised two distinct phases. The preprogression phase was based on the overall response rates (ORR), progression free survival (PFS) and overall survival (OS) observed in the COMPLEMENT-1 trial. The postprogression phase was based on Canadian treatment practices, treatment patterns identified in clinical guidelines and published literature. The incremental cost per quality-adjusted life year (QALY) gained was computed using model-estimated first- and subsequent-line treatment costs, general disease management costs, and QALYs based on health-state preference utility weights. **RESULTS:** The discounted, lifetime health and economic outcomes estimated by the model showed that first-line treatment with OChl in comparison with Chl in the target population led to an increase in QALYs (0.41) and an increase in total costs (CAD $27,850), resulting in an incremental cost-effectiveness ratio (ICER) of CAD $68,672/QALY gained. Various scenario analyses indicated that the cost-effectiveness results were sensitive to the time horizon, the method used to assess response, and the extrapolation of OS treatment effect beyond the trial period. One way and probabilistic sensitivity analyses aligned with the results of the base-case analysis. **CONCLUSIONS:** The base-case results indicate that the improved ORR, PFS, and OS for OChl in comparison with Chl translate to improved long-term health outcomes. The analysis found that the ICER for OChl versus Chl in the target population was CAD $68,672/QALY gained. A variety of sensitivity and scenario analyses confirmed that the model's cost-effectiveness estimates were robust.

PCN110

COST-EFFECTIVENESS ANALYSIS OF PANITUMUMAB+MFOLFOX OVER BEVACIZUMAB+MFOLFOX AS A FIRST-LINE TREATMENT FOR METASTATIC COLORECTAL CANCER PATIENTS WITH WILD-TYPE RAS IN GREECE

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OBJECTIVES: To conduct a cost-effectiveness analysis of panitumumab plus mFOLFOX6 versus bevacizumab plus mFOLFOX6 as first-line treatment (FLT) of metastatic colorectal cancer (mCRC) patients with wild-type RASin the Greek health care setting. **METHODS:** An existing Markov model consisting of seven health states was adapted from the public third-party-payer perspective. Both efficacy and safety data considered in the model were extracted from the PEAK trial and other published studies. Utility values were also extracted from the literature. Direct medical costs consisting of drug-acquisition costs for FLT, administration costs, subsequent therapy costs and other medical costs were incorporated into the model and reflect the year 2014. Primary outcomes were patient survival (life-years), quality-adjusted life years (QALYs) and the incremental cost-effectiveness ratio (ICER) per QALY gained. Probabilistic sensitivity analysis (PSA) was conducted to account for uncertainty and variation in the parameters of the model. **RESULTS:** The analysis showed that panitumumab plus mFOLFOX6 produced greater discounted survival and quality adjusted survival by 0.87 LYs and 0.65 QALY benefit in relation to bevacizumab plus mFOLFOX6. The total lifetime cost was €75,200 and €52,736 for panitumumab and bevacizumab plus mFOLFOX6, respectively. This difference was mainly attributed to the higher acquisition cost of panitumumab compared to bevacizumab during the pre-progression health state (€32,223 and €14,730 respectively). Incremental analysis showed that panitumumab plus mFOLFOX6 was more effective and more costly than bevacizumab plus mFOLFOX6 resulting in an ICER equal to €34,644 per QALY gained. PSA revealed that the probability of panitumumab plus mFOLFOX6 being cost-effective over bevacizumab plus mFOLFOX6 was 81.5% at the predetermined threshold of €51,000 per QALY gained (3 times the GDP per capita of Greece). **CONCLUSIONS:** The results suggest that panitumumab plus mFOLFOX6 may be a cost-effective alternative relative to bevacizumab plus mFOLFOX6 as FLT of mCRC patients with wild-type RASin Greece.

PCN111

COST-EFFECTIVENESS AND COST-UTILITY OF GRANULOCYTE COLONY-STIMULATING FACTORS IN THE PRIMARY PROPHYLAXIS OF CHEMOTHERAPY INDUCED FEBRILE NEUTROPENIA (FN) IN BREAST CANCER PATIENTS IN GREECE: A COMPARATIVE ANALYSIS

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OBJECTIVES: To conduct an economic evaluation comparing pegfilgrastim with filgrastim or lenograstim used either in an 11-day regimen or in a 6-day regimen for the prophylaxis of febrile neutropenia (FN) in breast cancer patients, in the Greek health care setting. **METHODS:** A cost-effectiveness model was locally adapted from the public third-party-payer perspective. Efficacy and utility values extracted from published studies were considered in the model. The analysis was conducted for a 6-cycle horizon, to reflect the common clinical practice in Greece. Drug acquisition costs, administration costs and FN management reimbursed costs were considered (in €2014). The outcomes of the model were the incremental cost per additional FN event avoided and per QALY gained (ICER) of pegfilgrastim to its comparators. The ICERs were evaluated at the predetermined willingness-to-pay threshold of €34,000/QALY gained. **RESULTS:** The incremental cost per additional FN event avoided with pegfilgrastim ranged between €11,015 and €27,079 compared to 11-day regimens of originator and a biosimilar filgrastim respectively, while pegfilgrastim was found to be dominant compared to the 11-day regimen of lenograstim. Comparing pegfilgrastim with the 6-day regimen of filgrastim and lenograstim, it was found that the ICER per additional FN event avoided ranged between €9,538 and €15,207 in case of lenograstim and biosimilar filgrastim respectively. Similarly, cost-utility analysis revealed that pegfilgrastim was cost-effective over 11-day and 6-day regimens of originator filgrastim with ICERs of €11,065 and €19,942/QALY gained, respectively. Compared to lenograstim, pegfilgrastim was found to be dominant over the 11-day regimen and cost-effective over the 6-day regimen (ICER: €15,546). **CONCLUSIONS:** Our findings suggests that pegfilgrastim for the prophylaxis of chemotherapy-induced FN in breast cancer patients is associated with greater health benefit and lower cost over 11-day use of lenograstim, while it is a cost-effective option over either the 6-day or the 11-day regimen of biosimilar filgrastim, in Greece.

PCN112

COST-EFFECTIVENESS OF VISMODEGIB VERSUS STANDARD OF CARE THERAPY IN THE TREATMENT OF LOCALLY-ADVANCED OR SYMPTOMATIC METASTATIC BASAL CELL CARCINOMA IN HUNGARY – A GLOBAL COST-EFFECTIVENESS MODEL ADAPTATION

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OBJECTIVES: Hungarian adaptation of global cost-effectiveness models of vismodegib vs. standard of care (SOC) in the treatment of locally advanced or symptomatic metastatic basal cell carcinoma (laBCC and mBCC). **METHODS:** Global Markov-models were developed to compare the cost-effectiveness of vismodegib vs. SOC in patients with laBCC or mBCC. The model inputs were based on the pivotal phase II clinical study (ERIVANCE). Health state utility values were based on a time trade off study. To support the reimbursement dossier submission, the adaptation of the global cost-effectiveness models was conducted. The costs and resource use were recalculated based on a questionnaire survey with Hungarian health care professionals. In the model there were two treatment arms, vismodegib and SOC. The model had three states, progression-free, progressed and death. For progression-free survival (PFS) and overall survival (OS) the results of the phase II clinical trial were used in the vismodegib arm of the model. Originally on the SOC arm the model calculated with mortality data of the general population, due to lack of relevant data on the PFS and OS of patients with advanced BCC. Therefore, a research (Delphi-panel survey) was conducted to estimate the OS of patients with laBCC and mBCC, treated with SOC. **RESULTS:** According to the Delphi-panel survey the median OS for patients with laBCC and mBCC was 48 months and 24 months, respectively, on the SOC arm. The average time spent in progression-free health state is longer with vis-

modegib therapy than with SOC for both, laBCC and mBCC patients. **CONCLUSIONS:** Vismodegib could provide an effective treatment for this therapeutic area with high rate of unmet need. During the adaptation process Delphi-panel surveys seemed to be an appropriate method to earn consensus statement to ensure estimation and help interpretation.

PCN113

POTENTIAL MONETARY VALUE OF HUMAN PAPILLOMAVIRUS VACCINATION ON HUMAN PAPILLOMAVIRUS-RELATED CANCERS AND GENITAL WARTS IN THE UNITED KINGDOM

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OBJECTIVES: The United Kingdom (UK) runs a successful human papillomavirus (HPV) girls vaccination programme. Debate is ongoing on the value of including boys in the programme. This study aims at quantifying the potential value associated with genital warts (GW) and HPV-related cancer prevention in UK males and females based on a willingness-to-pay threshold of £20,000 per quality-adjusted life-years (QALY) gained, representing the potential value a government places on the prevention of these diseases. **METHODS:** A static vaccine steady-state (VSS) population model, stratified by age, with a 1-year time horizon, replicated the incidence of GW and HPV-related cancers in females (cervical (CC), anal (AC), vulvar (VuC), vaginal (VaC), oropharyngeal (OP)) and males (penile (PC), AC and OP) pre-vaccination and at VSS. Data were retrieved from UK cancer registries, sexually transmitted diseases reports and HPVCentre. Costs and utilities were identified from the literature. The VSS vaccine effectiveness for GW and HPV-related cancers was estimated combining efficacies (AS04-adjuvanted HPV-16/18 vaccine for cancers; HPV-6/11/16/18 vaccine for GW) weighted by vaccine-types (HPV-6/11/16/18) and non-vaccine types (HPV-31/33/35/39/45/51/52/56/58/59) HPV distribution. Costs and QALYs were discounted at 1.5%. Per-course vaccine cost-effective price (vCE-p) was determined by increasing vaccine course price until £20,000 per incremental QALY gained at VSS was reached. Sensitivity analyses on key variables were performed. **RESULTS:** The vCE-p in women (men) was: CC £790, OP £20 (£57), AC £123 (£77), VaC £37, VuC £58, (PC £40), GW £26 (£27). Total value of cancer prevention in women (men) was £1,027 (£173), a proportion of 6: 1. The value of CC alone is 4.5 times larger than the total value of cancer prevention in men. Sensitivity analyses showed results were robust while influenced by potential herd protection. **CONCLUSIONS:** The vCE-p was estimated to be up to 6 times higher in women than in men due to the higher burden and frequency of HPV-related cancers in women.

PCN114

COST-EFFECTIVENESS OF APREPITANT IN EGYPTIAN PATIENTS RECEIVING HIGHLY EMETOGENIC THERAPY FROM THE THIRD PARTY PAYER PERSPECTIVE

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OBJECTIVES: to evaluate the cost-effectiveness of aprepitant as add-on therapy to the standard Egyptian regimen in patients receiving highly emetogenic therapy. **METHODS:** A decision tree model was developed based on the Egyptian clinical practice, and was derived from published sources. This decision analytical model was constructed to assess the costs and consequences associated with aprepitant containing regimen compared with standard therapy for Chemotherapy-Induced Nausea and Vomiting. The clinical parameters were derived from a randomized trial previously published. The utility of the health states was derived using the available published data. Direct medical costs were obtained from the third party payer tariff in Egypt. Deterministic sensitivity analyses were conducted. All costs (in 2014 EGP) and outcomes were discounted at 3.5% annually. **RESULTS:** The total quality-adjusted life-years (QALYs) of adding aprepitant to the standard regimen was estimated to be 0.0082, whereas that of the standard regimen was estimated to be 0.0072 (with a net difference of 0.001QALYs). The total costs for aprepitant plus standard regimen and standard regimen alone were EGP 414.25 and EGP 346.62 respectively (with a net difference of EGP 67.63). Thus the incremental cost-effectiveness ratio (ICER) for aprepitant was EGP 66,004/QALY gained. The probability of complete protection and incomplete response of both arms were found to have the greatest effect on the results. **CONCLUSIONS:** The present study concludes that adding aprepitant to the standard regimen is cost effective based on the threshold stated by world health organization (3xGDP/capita) for patients with severe vomiting after chemotherapy.

PCN115

COST EFFECTIVENESS ANALYSIS OF EVEROLIMUS + EXEMESTANE FOR PATIENTS WITH ADVANCED BREAST CANCER WITH POSITIVE ESTROGEN RECEPTOR (ER +), HER2-, REFRACTORY TO NON-STEROIDAL AROMATASE INHIBITORS (NSAIS) IN CHILE

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OBJECTIVES: To evaluate the cost-effectiveness of everolimus plus exemestane in patients with ER+, HER2- advanced breast cancer, who have failed on NSAIs. **METHODS:** A Markov model was developed with monthly cycles and a time horizon of five years. The model compares progression free survival (PFS) of exemestane + everolimus (EVE+EXE) to exemestane monotherapy (EXE). Transition probabilities for PFS of EVE+EXE and EXE were based on BOLERO-2 study and calculated using a fitted Weibull distribution. The R-squared values for the Weibull fits were 0.998 and 0.990 for EVE+EXE and EXE alone respectively. The Weibull parameters used in the model were: 0.067 and 1.118 for EVE+EXE and 0.191 and 1.006 for EXE. Costs considered included drugs and cost of treating neutropenia (other AEs are not covered by the National Formulary). The analysis was designed from the perspective of the Chilean Public Healthcare. Results are shown in 2014 Chilean pesos. A 5% discount rate for costs and efficacies was applied. A probabilistic sensitivity analysis (PSA) was run with thousand repetitions and a one-way sensitivity analysis was calculated showing its results in a tornado chart. **RESULTS:** The model showed that everolimus + exemestane results in 0.74 progression free years gained with an incremental cost of $18.6 million (MM) resulting in an incremental cost-effectiveness ratio (ICER) of $26 MM. The PSA showed that the ICER is within the range recommended by WHO (1-3 GDPs per capita) in 71% of cases (Currently the GDP per capita in Chile is $10 MM). **CONCLUSIONS:** This analysis showed that using everolimus plus exemestane in patients with ER +, HER2- advanced breast cancer who have failed on NSAIs is a cost-effective option according to WHO recommendations.

PCN116

COST-EFFECTIVENESS OF 2-DOSE AS04-ADJUVANTED HUMAN PAPILLOMAVIRUS 16/18 VACCINATION SCHEDULE IN SLOVAKIA

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OBJECTIVES: Slovakia is a country with high incidence and mortality of cervical cancer (CC). Despite the improvements in screening (22.9% coverage rate), the CC incidence has increased over the past 30 years in Slovakia. Human Papillomavirus (HPV) vaccination could help to reduce this CC burden. The objective of this analysis was to assess the cost-effectiveness of adding the AS04-adjuvanted HPV-16/18 vaccine (AS04V), using a 2-dose administration schedule, to the current CC screening programme in Slovakia. **METHODS:** A previously published Markov cohort model, reproducing the natural history of HPV infection, the impact of screening and vaccination, was adapted to the Slovakian settings. Local data on health care costs of pre-cancer lesions and CC, obtained from the expert panel, were used. Transition probabilities and utilities were estimated from published data. Costs were from a health care payer perspective. The incremental CC cases avoided, cost, quality-adjusted life-years (QALYs) and resulting cost-effectiveness ratio (ICER) of AS04V added to the current CC screening programme versus the current CC screening in Slovakia was estimated. The base case assumes a 100% vaccination coverage among 12-year-old girls (N= 24,859). A discount rate of 5% was used. Univariate sensitivity analyses were carried out on key parameters. **RESULTS:** Compared to screening alone, adding AS04V to the current screening programme was estimated to reduce the lifetime CC cases by 328 at an ICER of 11,621 €/QALY gained. Compared to the official cut-off of 19,320€/QALY gained, it can be considered as cost-effective. Undiscounted analysis shows that AS04V generates more QALYs with similar cost versus screening alone (ICER=5€/QALY gained). Parameters most driving the results were discount rate, vaccine efficacy and duration of protection. **CONCLUSIONS:** AS04V vaccination of 12-year-old girls in a 2-dose schedule was estimated to be a cost-effective CC prevention strategy in Slovakia.

PCN117

A COST EFFECTIVENESS ANALYSIS OF EVEROLIMUS PLUS EXEMESTANE COMPARED TO CHEMOTHERAPY AGENTS FOR THE TREATMENT OF ER+ HER2- METASTASTIC BREAST CANCER IN THE UNITED KINGDOM

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OBJECTIVES: To evaluate the cost-effectiveness of everolimus plus exemestane (EVE+EXE) versus chemotherapy agents [docetaxel (DOC), vinorelbine (VIN), doxorubicin (DOX) and capecitabine (CAPE)] for the treatment of hormone receptor positive (HR+) HER2 negative (HER2-) advanced or metastatic breast cancer in the United Kingdom (UK). **METHODS:** A partitioned survival model was developed to compare treatment with EVE+EXE versus DOC, VIN, DOX and CAPE in patients with ER+ HER2- metastatic breast cancer over a 10-year time horizon from a UK NHS perspective. Progression-free survival and overall survival for EVE+EXE were taken from the BOLERO-2 trial. Log-logistic functions were used to extrapolate trial data beyond the follow-up period. In the absence of head-to-head evidence comparing EVE+EXE versus chemotherapy a naïve chained comparison was conducted with the link between EVE+EXE established via tamoxifen using the Bucher method. A class effect was assumed for the four chemotherapy agents. Background health state and terminal care resource use were derived from NICE Clinical Guideline 81. Drug costs were taken from the British National Formulary. Utilities for stable and progressive states were obtained from the literature (Lloyd et al. 2006). **RESULTS:** Over a ten year time horizon, EVE+EXE led to a life expectancy of 3.55 years, compared to 1.88 for chemotherapy agents (DOC, VIN, DOX and CAPE). EVE+EXE resulted in 2.06 QALYs, compared to 0.95 for chemotherapy agents. Total costs were £48,085 for EVE+EXE compared to £31,835 vs. DOC, £25,021 vs. VIN, £23,743 vs. DOX and £21,851 vs. CAPE. The incremental costs per QALY were £14,550 vs. DOC, £20,653 vs. VIN, £21,797 vs. DOX and £23,491 vs. CAPE. Results were most sensitive to changes in PFS for chemotherapy and disease related costs. **CONCLUSIONS:** Everolimus in combination with exemestane is a cost effective option compared with commonly used chemotherapeutic agents (docetaxel, vinorelbine, doxorubicin and capecitabine) in UK clinical practice.

PCN118

COST-EFFECTIVENESS ANALYSIS OF BEVACIZUMAB- PACLITAXEL-CARBOPLATIN (PC) VERSUS PC IN FIRST-LINE THERAPY OF ADVANCED NON-SMALL CELL LUNG CANCER FROM PATIENTS' PERSPECTIVE IN VIETNAM

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OBJECTIVES: Bevacizumab in combination with carboplatin/paclitaxel (BCP) was approved to be the first-line therapy of advanced NSCLC due to its high clinical efficacy. However, economic effectiveness of BCP has been controversial. This study aimed to estimate the cost-effectiveness of BCP versus PC in treatment of advanced NSCLC patients from patients' perspective in Vietnam. **METHODS:** A